

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

9 9 — 1 7 ~~5~~

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.252(b)

7. FEDERAL BUDGET IMPACT:

a. FFY 99/00 \$ 24.26 million

b. FFY 00/01 \$ NA

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, pp 19 and 19.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-A, pp 19 and 19.1

10. SUBJECT OF AMENDMENT:

Special Disproportionate Share Hospital (DSH) Pool

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

James K. Haveman, Jr.

14. TITLE:

Director

15. DATE SUBMITTED:

16. RETURN TO:

Michigan Department of Community Health
Medical Services Administration
P.O. Box 30479
Lansing, MI 48909-7979

Attn.: N. Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

1/5/00

18. DATE APPROVED

6/6/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1-1-00

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator

Division of Medicaid & Children's Health

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: MICHIGAN

POLICY AND METHODS FOR ESTABLISHING RATES
(INPATIENT HOSPITAL SERVICES)

To be eligible for this pool, a hospital must:

- meet the DSH eligibility requirements specified in Section III.G,
- not be receiving any other Michigan Medicaid special inpatient hospital DSH payments,
- have at least 25% indigent volume in its DRG reimbursed units.
- Have at least \$20 million remaining under its DSH ceiling after the regular DSH distribution has been made, but prior to any distribution from this pool.

Freestanding children's hospitals will not be eligible for distributions from this pool. Distribution of funds from this special DSH pool will not preclude any hospital from receiving its share from the regular \$45 million DSH pools.

The pool will be distributed equally to all eligible hospitals (e.g. if five hospitals qualify, then each will receive one-fifth of the pool). Payment to an eligible hospital will not exceed the hospital's DSH ceiling minus any payments from the regular DSH pools. Any payment not made to a hospital due to this limit will be distributed equally to the remaining hospitals.

- c. The Medical Services Administration (MSA) is creating a special DSH payment pool of up to \$5 million. The pool will be renewed annually at the same level.

The purpose of this pool is to:

- Assure continued access to medical care for indigents, and
- Increase the efficiency and effectiveness of medical practitioners providing services to Medicaid beneficiaries under managed care.

The MSA will approve one (1) agreement statewide with specific funding amounts each state fiscal year. To be eligible for the pool, a hospital must meet the following criteria:

- Meet the minimum federal requirements for DSH eligibility listed in Section III.G.
- Have in place an approved agreement between itself and a university with both a college of allopathic medicine and a college of osteopathic medicine that specifies all services and activities to be conducted using the funds provided through the agreement.

- d. The MSA will annually create a separate DSH pool to fund indigent care. Participation in this pool will be limited to children's hospitals in counties with populations greater than two million. In order to participate, a hospital must have an agreement with the program approved by the Deputy Director for MSA. A hospital's DSH ceiling must be specified in the approved agreement.

RECEIVED

TN No. 99-17

Supersedes

TN No. 99-15

Approval _____

MAY 18 2001
Effective Date 1/1/00

DMCH - MI/MIN/VVL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MICHIGAN

**POLICY AND METHODS FOR ESTABLISHING RATES
(INPATIENT HOSPITAL SERVICES)**

Counties where separate, approved Indigent Care Agreements (ICA) exist will be responsible for the provision of indigent care in their counties.

To be eligible to participate in this DSH pool, hospitals must meet federal requirements for Medicaid DSH payments. Minimum federal requirements may be found in Section III.G. A proportionate share of state dollars used to fund the State Medical and Indigent Care Programs and based on geographic coverage will be appropriated for this purpose. Payments by MSA to hospitals participating in this pool will be made at the beginning of each quarter. Pool size and included counties will be determined annually.

TN No. 99-17

Supersedes

TN No. 99-15

Approval _____

Effective Date 1/1/00

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 9 — 1 5

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 1999

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.252(b)

7. FEDERAL BUDGET IMPACT:

a. FFY 99/00 \$ 11.35 million
b. FFY 00/01 \$ NA

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, pp 19.1, 19.2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.19-A, pp 19.1, 19.2

10. SUBJECT OF AMENDMENT:

Special Disproportionate Share Hospital (DSH) Pool

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

James K. Haveman, Jr.

14. TITLE:

Director

15. DATE SUBMITTED:

12-28-99

16. RETURN TO:

Michigan Department of Community Health
Medical Services Administration
P.O. Box 30479
Lansing, Michigan 48909

Attn.: N. Bishop

FOR REGIONAL OFFICE USE ONLY

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1/5/00

18. DATE APPROVED:

6/6/01

PLAN APPROVED - ONE COPY ATTACHED

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10-1-99

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: MICHIGAN

POLICY AND METHODS FOR ESTABLISHING RATES
(INPATIENT HOSPITAL SERVICES)

To be eligible for this pool, a hospital must:

- meet the DSH eligibility requirements specified in Section III.G,
- not be receiving any other Michigan Medicaid special inpatient hospital DSH payments,
- have at least 25% indigent volume in its DRG reimbursed units.
- Have at least \$15 million remaining under its DSH ceiling after the regular DSH distribution has been made, but prior to any distribution from this pool.

Distribution of funds from this special DSH pool will not preclude any hospital from receiving its share from the regular \$45 million DSH pools.

The pool will be distributed equally to all eligible hospitals (e.g. if five hospitals qualify, then each will receive one-fifth of the pool). Payment to an eligible hospital will not exceed the hospital's DSH ceiling minus any payments from the regular DSH pools. Any payment not made to a hospital due to this limit will be distributed equally to the remaining hospitals.

- c. The Medical Services Administration (MSA) is creating a special DSH payment pool of up to \$5 million. The pool will be renewed annually at the same level.

The purpose of this pool is to:

- Assure continued access to medical care for indigents, and
- Increase the efficiency and effectiveness of medical practitioners providing services to Medicaid beneficiaries under managed care.

The MSA will approve one (1) agreement statewide with specific funding amounts each state fiscal year. To be eligible for the pool, a hospital must meet the following criteria:

- Meet the minimum federal requirements for DSH eligibility listed in Section III.G.
 - Have in place an approved agreement between itself and a university with both a college of allopathic medicine and a college of osteopathic medicine that specifies all services and activities to be conducted using the funds provided through the agreement.
- d. The MSA will annually create a separate DSH pool to fund indigent care. Participation in this pool will be limited to children's hospitals in counties with populations greater than two million. In order to participate, a hospital must have an agreement with the program approved by the Deputy Director for MSA. A hospital's DSH ceiling must be specified in the approved agreement.

RECEIVED

MAY 18 2001

TN No. 99-15

Approval

Effective Date 10/1/99

Supersedes

DMCH - MI/MN/WI

TN No. 99-08 *09* *per N. Bishop MDCH*
5/18/01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: MICHIGAN

POLICY AND METHODS FOR ESTABLISHING RATES
(INPATIENT HOSPITAL SERVICES)

Counties where separate, approved Indigent Care Agreements (ICA) exist will be responsible for the provision of indigent care in their counties.

To be eligible to participate in this DSH pool, hospitals must meet federal requirements for Medicaid DSH payments. Minimum federal requirements may be found in Section III.G. A proportionate share of state dollars used to fund the State Medical and Indigent Care Programs and based on geographic coverage will be appropriated for this purpose. Payments by MSA to hospitals participating in this pool will be made at the beginning of each quarter. Pool size and included counties will be determined annually.

TN No. 99-15 Approval _____ Effective Date 10/1/99
Supersedes
TN No. 99-08 *09 per N. Bishop MDCH*
5/18/01